

# Coparenting Conflict and Parenting Behavior in Economically Disadvantaged Single Parent African American Families: The Role of Maternal Psychological Distress

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**Abstract** Substantial research has focused on the negative associations between coparenting conflict, parental psychological functioning, and parenting behavior in European American, middle-income, families. However, less attention has been given to ethnic minority families and to families that are nontraditionally structured. In an effort to address this gap, the current longitudinal study examines the relation between conflict with the mother-identified primary co-caregiver and parenting practices in single parent, economically disadvantaged African American families. Participants included 234 mother–child dyads. It was hypothesized that conflict would relate to less utilization of positive parenting practices and that this association would be mediated, at least in part, by maternal psychological distress. Hypotheses were examined using structural equation modeling (Lisrel 8.3): Conflict with a co-caregiver was significantly related to parenting both directly and indirectly through maternal psychological distress. Implications of the findings are discussed.

**Keywords** Coparenting conflict · African American · Parenting · Psychological distress · Maternal functioning

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The social science literature is replete with studies linking parental conflict to a wide range of familial problems including parental psychological distress, compromised parenting, and child psychosocial adjustment difficulties (e.g., Grych and Fincham 2001; Krishnakumar and Buehler 2000). However, while impressive, this literature has not kept pace with the changing demographics of American families in two important areas. First, the majority of research conducted on parental conflict has utilized European American samples and has rarely included families of color (Krishnakumar and Buehler 2000). Second, with few exceptions, parental conflict and marital conflict unfortunately have been treated as virtually synonymous terms (Fincham and Grych 2001), which has resulted in conflict with co-caregivers beyond the boundaries of marriage or divorce largely being overlooked. These two shortcomings in the literature converge to render African American families, a significant number of whom are headed by single parent mothers, particularly underrepresented.<sup>1</sup>

The limited research with these families is surprising as family researchers have long recognized that African American families, and particularly those headed by a single parents, receive childrearing assistance from extended family and fictive kin as well as from nonresidential biological fathers (e.g., Coley 2001; Forehand and Kotchick 1996; Murry et al. 2001; Sudarkasa 1993). To date, however, the literature does not fully reflect an understanding of the implications of conflict within these co-caregiving relationships for parental distress, parenting practices, and children (Grych and Fincham 2001).

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<sup>1</sup> According to the 1991 US Bureau of Census, births to single parents constituted 67% of all births to African American women.

Findings from a relatively limited number of studies with African American families suggest that, as with European American families, coparenting or co-caregiving conflict is an important factor in child and family adjustment. In their study of two-parent African American families, Brody and colleagues (1994) reported that parental conflict was associated both with the quality of the parent–child relationship and the consistency of parenting behavior. Studies of single-parent African American families have yielded similar findings: As part of a family stress model, Conger et al. (2002) reported that co-caregiver conflict predicted lower levels of parental nurturing and involvement and, in turn, higher levels of child adjustment difficulties. Similarly, Brody et al. (1998) found that single mothers who reported greater conflict with a co-caregiver were less likely to be involved in their child’s education. Most recently, our research in this area indicated that greater conflict with a co-caregiver compromised maternal monitoring, warmth, and support, and notably, that this conflict was a stronger predictor than social support for most aspects of maternal and child adjustment (Jones et al. 2005; Jones et al. 2003).

The current study builds upon these findings by examining one potential route through which co-caregiving conflict, defined as conflict over childrearing, may result in compromised parenting for African American single-parent families: maternal psychological distress. Examination of psychological distress as a potential mediator is informed by two areas of research. First, research with adolescent African American mothers has demonstrated that their mothers (i.e., the child’s grandmother), when functioning as co-caregivers, were both a source of support and conflict (Voight et al. 1996; Wilson 1986). Voight et al. (1996) found that conflictual interactions were negatively associated with both maternal psychological adjustment and parenting; however, only bivariate relationships were examined, preventing examination of a mediational model.

In addition to research in the area of coparenting conflict, the mediational model proposed in the current study is also founded on extensive research that posits psychological distress as a pathway through which stressful experiences—whether of an interpersonal (i.e., coparenting conflict), economic, or environmental nature—translate into impaired functioning (e.g., Dorsey and Forehand 2003; Taylor et al. 1997). Indeed, in the interpersonal arena, researchers examining the ‘costs’ of social networks have documented the negative impact of relational conflict on psychological distress such that functioning in important life domains, such as caregiving, may be impaired (e.g., Rook 1984; Taylor et al. 1997). Similarly, Conger and colleagues’ work positions parental distress (i.e., depression) as a primary mechanism through which economic stress relates to compromised parenting, and in turn, to child functioning (Conger et al. 1992; 1994).

Further support for this model, whereby maternal psychological distress bridges the link between conflict with a co-caregiver and impaired parenting, can be found in substantial literatures that have documented associations between marital and interpersonal conflict and psychological distress, particularly for women (e.g., Fincham et al. 1997), and between parental psychological distress and disrupted parenting (see Downey and Coyne 1990; Berg-Neilsen et al. 2002 for reviews). Although these literatures are predominantly based on European American families, these links also have been replicated with African American single-parent families. The first association—between conflict and psychological distress—has been demonstrated both when the co-caregiver is an extended family member (Brody et al. 1998) and when the co-caregiver is a romantic partner of the mother (Conger et al. 2002). Additionally, the relationship between maternal distress and compromised parenting practices has been demonstrated in research with single-parent African American families that are economically disadvantaged (Jackson et al. 1998; Wilson et al. 1995). However, to our knowledge, these two links have not been examined together in a mediational model in an attempt to determine the role of psychological distress in the relation between co-caregiving conflict and parenting practices with single-parent African American families.

Therefore, the current study both builds upon and supplements the coparenting conflict literature with single parent African American families by adding a unique contribution: examination of a mechanism involved in translating conflict with a co-caregiver into impaired parenting. Specifically, it is hypothesized that co-caregiving conflict will negatively relate to parenting practices and that this relationship will be mediated, at least in part, by maternal psychological distress. In order to provide a rigorous test of the proposed relations among variables (Loeber and Farrington 1994), constructs were measured longitudinally: Co-caregiving conflict and maternal psychological distress were measured at Time 1 and parenting practices were measured at Time 2 (15 months later).

## Materials and Methods

### Participants

Of the original sample of 277 mother–child dyads who completed the Time 1 Assessment, participants for this study were 234 African American single mothers with a 7- to 15-year old child from metropolitan ( $n=111$ ) and rural ( $n=123$ ) counties in the southeastern USA who completed each of two assessments, separated by 15 months. Only counties in which 25% or more of the population was African American were sampled to ensure that a viable African American community existed in the county.

The sample consisted of 52% female and 48% male children who had a mean age of 11.35 ( $SD=1.84$ ). Mothers had a mean age of 33.87 ( $SD=6.30$ ), 40, 48, and 12% of the mothers had less than a high school education, a high school education or Graduation Equivalency Degree (GED), or education beyond high school, respectively. The mean family income per month was \$1038.74 ( $SD=825.66$ ). Almost all of the families had a per capita income of \$3,800 or less. According to the criteria established by the Census Bureau (US Bureau of the Census 1992), this figure placed families in the first quintile for household income, which the bureau defines as poverty status. In the counties from which the sample was drawn, 75% of single African American mothers with school-age children live in poverty (US Bureau of the Census 1996). The families who participated in this study were representative of families in the counties from which they were sampled, but they were at a somewhat higher risk for economic stress than others residing in the same counties.

### Procedure

Families were recruited through community leaders and agencies (e.g., schools). Each community contact gave the research staff member the names of families who expressed interest in participation, and the staff member contacted the families. Two data collection sessions, each of which lasted between 1 and 2 h, were scheduled at each of the two assessments (i.e., Time 1 and Time 2). During the first data collection session at Time 1, the mother completed informed consent forms and the mother and the child completed an interview focusing on demographic information. In the second data collection session at baseline, the study variables (e.g., co-caregiver conflict) were assessed. At both Time 1 and Time 2 data collection sessions, all self-report questionnaires were administered in an interview format to the mother and the child. Each interview was conducted privately between the mother or child and a trained interviewer, with no other family members present or able to overhear the conversation. The family was compensated \$50 for each assessment session.

Approximately 15 months after the Time 1 assessment, mothers were contacted and invited to participate with their child in a second assessment, which was almost identical to the Time 1 assessment. For the current study, only mother–child dyads who participated in both the baseline and follow-up assessments were included.

### Development of Measures

The accurate assessment of the population to be studied was a concern due to the fact that most instruments used to evaluate family risk and children's outcomes have been

developed for use with and standardized on European American, middle-class families. This issue was addressed through the formation of focus groups composed of 60 African American community members in the counties from which the sample was drawn. Focus groups discussed and endorsed the relevance of constructs proposed for investigation, as well as the likelihood that the measures would elicit information relevant to the constructs. The groups reviewed each item on the scales and suggested wording changes, as well as the deletion of items that were unclear to them or irrelevant to families in their communities. As such, instruments developed or modified for use were subjected to exploratory factor analyses. The number of factors was determined by examination of both eigenvalues and the scree plots. Items loading 0.40 and higher were retained for each factor. Original, unmodified instruments that had not been previously utilized with a similar sample were subjected to a confirmatory analysis, with items loading 0.40 and higher being retained for use. In both cases (i.e., instruments for which exploratory and confirmatory factor analyses were conducted), an alpha coefficient for the retained items on each scale was computed. For instruments with standardization data with samples similar to the current one, only an alpha coefficient was calculated; only those instruments with an alpha coefficient of greater than 0.60 were utilized in the current analyses.

### Measures

*Coparenting Conflict Construct* This construct was assessed by the three items that comprise the Conflict subscale of the Parenting Convergence Scale (PC; Ahrons 1981). The PC is an 11-item parent-report measure that is completed in reference to the primary person who helps raise the child. A mother was first asked if there is a person who assists her as a caregiver of the participating child. If she responded affirmatively, the PC was administered. The Conflict subscale consists of three items and is completed in reference to a person who helps raise the child (“When you and [co-caregiver] talk about how to raise the target child, how often is the conversation hostile or angry?”; “When your child complains about [the co-caregiver], how often do you usually agree with him/her?”; and “How often do you and [co-caregiver] have different ideas as to how to raise him/her?”). Internal consistency has been found to be 0.88 (Ahrons 1981). This questionnaire was changed for use with the present sample in that directions were modified for verbal administration and the Likert scale was reduced from five points to four, with endpoints of 1 (never) and 4 (often). Although in this study each item was used as an indicator, a factor analysis indicated that all three items loaded on one scale with an acceptable alpha coefficient of

0.59. Higher scores indicate higher levels of conflict with the co-caregiver.

*Maternal Psychological Distress Construct* This construct was comprised of the mother's report on specific subscales from the Brief Symptom Inventory (BSI; Derogatis and Spencer 1982) that were expected to be impacted by co-parenting conflict: Depression, Anxiety, and Interpersonal Sensitivity. The BSI is a 53-item inventory that includes both a global measure of psychological symptomatology and specific subscales. Adequate reliability and validity data have been presented by the investigators who developed the scale (e.g., Derogatis et al. 1976) and by others (e.g., Morlan and Tan 1998). The internal consistency and test-retest reliability of the subscales have been shown to be adequate and the subscales have adequate discriminant and convergent validity (e.g., Morlan and Tan 1998). For the current project, each item was rated on a four-point Likert scale ranging from 0 (not at all) to 3 (extremely). This scale represented a modification of the original BSI, as focus group testing suggested that, with oral administration of the instrument, a four-point Likert scale was easier to complete than the original five-point Likert scale. Additional modifications included minor word and format changes to increase simplicity of verbal administration and comprehensibility. The alpha coefficients for the Depression, Anxiety, and Interpersonal Sensitivity scales were 0.82, 0.86, and 0.79, respectively. Higher scores indicate greater maternal psychological distress.

*Positive Parenting Construct* Three dimensions of parenting were examined by mother-report: mother-child relationship quality, maternal monitoring of child activities, and disciplinary consistency.

Mother-child relationship quality was assessed by the short form of the Interaction Behavior Questionnaire (IBQ; Prinz et al. 1979). This form consists of the 20 items that have the highest phi coefficients and the highest item-to-total correlations among the 75 items in the original IBQ. The short form correlates 0.96 with the longer version. Prinz et al. (1979) and Robin and Weiss (1980) reported adequate internal consistency and discriminant validity. A confirmatory factor analysis indicated that 14 of the 20 items loaded on a single construct at 0.40 or above; therefore, only these 14 items were included in the measure for data analysis. The alpha coefficient for these 14 items was 0.85. Scores can range from 0 to 14, with higher scores indicating more warmth and support.

*Maternal monitoring* of children's activities was assessed by the mother-completed 17-item Monitoring and Control Questionnaire (MCQ) developed for use with the current sample. The MCQ is based on monitoring measures used by Patterson and Stouthamer-Loeber (1984) and by Steinberg

et al. (1992) and it assesses parents' perceptions of their knowledge about various aspects of their children's lives. Items are rated on a 4-point Likert scale ranging from 1 (never) to 4 (always). Scores can range from 17 to 68, with higher scores indicating higher levels of maternal monitoring. For the present sample, confirmatory factor analysis indicated that all 17 items loaded at 0.40 and above. The resulting alpha coefficient was 0.91.

Disciplinary consistency was assessed by mother-report on the Laxness subscale of The Parenting Scale (Arnold et al. 1993). The Parenting Scale is a 30-item scale originally designed to measure dysfunctional parenting in parents of young children; however, the items are equally applicable to parenting older children. Each item consists of a parenting "mistake" that is paired with its more effective counterpart to form anchors of a seven-point scale. Response choices are preceded by leading statements that clarify the discipline encounter (e.g., "When my child misbehaves, I raise my voice or yell/I speak to my child calmly"). Higher scores indicate more dysfunctional parenting. Arnold et al. (1993) provided information on the factor structure of the scale and reliability coefficients: Laxness ( $\alpha=0.83$ ), Overreactivity ( $\alpha=0.82$ ), and Verbosity ( $\alpha=0.63$ ). Additional research has found generally similar factors to the Laxness and Overreactivity subscales for low-income African American parents of preschool children (Reitman et al. 2001). Only the Laxness scale, which consists of 11 items and assesses the consistency of discipline, was utilized in the current study. For the current project, items were recoded such that higher scores indicated parental consistency and lower scores indicated parental laxness. Confirmatory factor analysis indicated that 10 of the 11 items were retained and resulted in an alpha coefficient of 0.66.

*Demographic Information* In addition to the constructs described above, a demographic measure completed by mothers provided information about themselves, their children, and their families (e.g., age of mother, age of child, educational attainment).

#### Data Analyses

Two sets of analyses were performed. First, preliminary analyses included: (1) comparing participants retained over both assessments and those who were not; (2) assessing measurement equivalence/invariance across the urban and rural groups; and (3) examining correlations among demographic and study variables. Second, primary analyses involved estimating the proposed measurement and structural models as well as alternative models. All model analyses were conducted using LISREL 8.3 (Joreskog and Sorbom 1996) and were estimated using the maximum likelihood

method of estimation (ML), which has been found to be robust against violations of normality (see West et al. 1995). A one-tailed test alpha level of 0.05 was used to evaluate the significance of all factor loadings and path coefficients.

*Evaluating Overall Model Fit* Based on the recommendations for small sample sizes (Hu and Bentler, 1995), the current study utilized the comparative fit index (CFI, Bentler and Bonett 1980) and the Root Mean Square Error of Approximation (RMSEA, Steiger 1990) to evaluate the fit of the measurement and structural models in addition to the normal-theory weighted least squares chi-square. Acceptable values for the CFI and RMSEA are  $>0.95$  and  $<0.08$ , respectively (Hu and Bentler 1999; Vandenberg and Lance 2000).

*Evaluating Differences Between Models* The chi-square difference test is the most frequently used statistic to determine whether modifications of the model (i.e., adding constraints) affect model fit (Vandenberg and Lance 2000). When examining nested models, a significant difference chi-square, based on the difference in degrees of freedom between the two models, signifies a worsening of fit. However, investigators have suggested that as with overall model fit, the chi-square difference test should not be the only fit index relied upon to detect differences between models; therefore the change in CFI will also be reported (Cheung and Rensvold 1999).

## Results

### Preliminary Analyses

Of the 277 mother–child dyads who participated in the first assessment, 248 (124 from rural and 124 from urban communities) completed the second assessment. Participants retained over both assessments and those not retained did not differ significantly on demographic (i.e., child age and gender, maternal age and education, family income) or study variables. Of the 248 families retained, 240 mothers identified a co-caregiver, and of those 240 mothers, 234 were not missing data on relevant indicators, resulting in the final sample. The identity of the co-caregiver was assessed in a subsample of the participants and indicated that a maternal grandmother (31%), father of the child (26%), maternal aunt (11%) and a sister of the child (11%) were identified most often.

*Evaluation of Measurement Invariance/Equivalence across Samples* In order to obtain empirical justification for combining the urban and rural samples, measurement invariance analyses were undertaken according to the

recommendations of Vandenberg and Lance (2000). According to these authors, the first step involves conducting an omnibus test of invariant covariance matrices across groups. If the covariance matrices are invariant, as evidenced by a nonsignificant chi-square value and acceptable fit indices, measurement equivalence is established and no further tests of invariance are required. However, if the omnibus test results in a significant chi-square and poor fit indices, further measurement invariance analyses, in the following order, must be conducted to determine the source of inequivalence: (1) configural invariance; (2) metric invariance; and (3) invariant uniqueness. The results of these analyses, which are available from the first author, supported combining the urban and rural samples.

*Preliminary Analyses with Demographic Variables* The correlations between all measured variables and each of five demographic variables (i.e., child age and gender, mother's age and education, family income) were examined. Correlations, as well as means and standard deviations, between all variables are presented in Table 1. As many of the correlations were significant, the results of the hypothesized structural model will be compared with a model that includes demographic variables as exogenous variables.

### Primary Analyses

*Evaluation of the Measurement Model* Prior to estimating the structural model, a confirmatory factor analysis (CFA) model was estimated to determine whether the indicators selected to represent the latent constructs did so in a statistically reliable manner. The CFA model also examined the correlations among the latent constructs: coparenting conflict, maternal psychological distress, and positive parenting. In all models, the first observed variable for each latent factor was set to 1.0 to establish the metric and all factors were allowed to covary freely. The initial measurement model demonstrated a good fit according to the criteria delineated earlier:  $\chi^2(24, N=234)=20.98, p>0.05$ ; RMSEA=0.0; CFI=1.0<sup>2</sup> However, modification indices suggested that the error between parental monitoring and disciplinary consistency was correlated (modification index=8.23), and that model fit would be improved by freeing the error between these two indicators. Both of

<sup>2</sup> According to Vandenberg (personal communication), models demonstrating a close fit to the data, with a small chi-square value, can sometimes return goodness of fit indices that appear 'perfect' due to the fact that the fit indices used in the current study employ some form of the chi-square to degree-of-freedom ratio minus 1 in the numerator (the denominator is typically the null model minus 1). As such, as long as the chi-square to degree-of-freedom ratio is less than 1, as is the case in the current study (i.e.,  $13.67/23=0.59$ ), the indices can be relied upon to indicate excellent, but not perfect, fit.

**Table 1** Correlation matrix for all measured variables (N=234)

Measured variable	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Child gender	–													
Child age	0.03	–												
Mother age	–0.06	.034**	–											
Mother education	–0.00	0.01	0.08	–										
Monthly income	–0.01	0.03	–0.09	0.10	–									
Coparenting conflict item 7	0.01	0.04	–0.15*	–0.12	0.03	–								
Coparenting conflict item 8	0.12	–0.02	–0.01	–0.08	0.09	0.28**	–							
Coparenting conflict item 9	0.01	0.10	–0.06	–0.07	0.05	0.42**	0.42**	–						
BSI Int. sensitivity	0.01	0.04	–0.03	–0.24**	–0.10	0.15*	0.05	0.18**	–					
BSI depression	0.05	0.03	–0.00	–0.19**	–0.07	0.15*	0.10	0.22**	0.78**	–				
BSI anxiety	0.06	0.07	0.01	–0.15**	–0.08	0.16*	0.07	0.21**	0.73**	0.82**	–			
Relationship quality	–0.07	–0.14*	–0.02	0.08	0.09	–0.23**	–0.08	–0.28**	–0.34**	–0.40**	–0.37**	–		
Parental monitoring	0.03	–0.02	0.20**	0.22**	–0.19**	–0.15*	–0.03	–0.14*	–0.19**	–0.21**	–0.16**	0.26**	–	
Disciplinary consistency	–0.03	–0.12	0.13	0.18**	0.11	–0.16*	–0.12	–0.18**	–0.22**	–0.19**	–0.18**	0.36**	0.34**	–

Values rounded to two decimal places

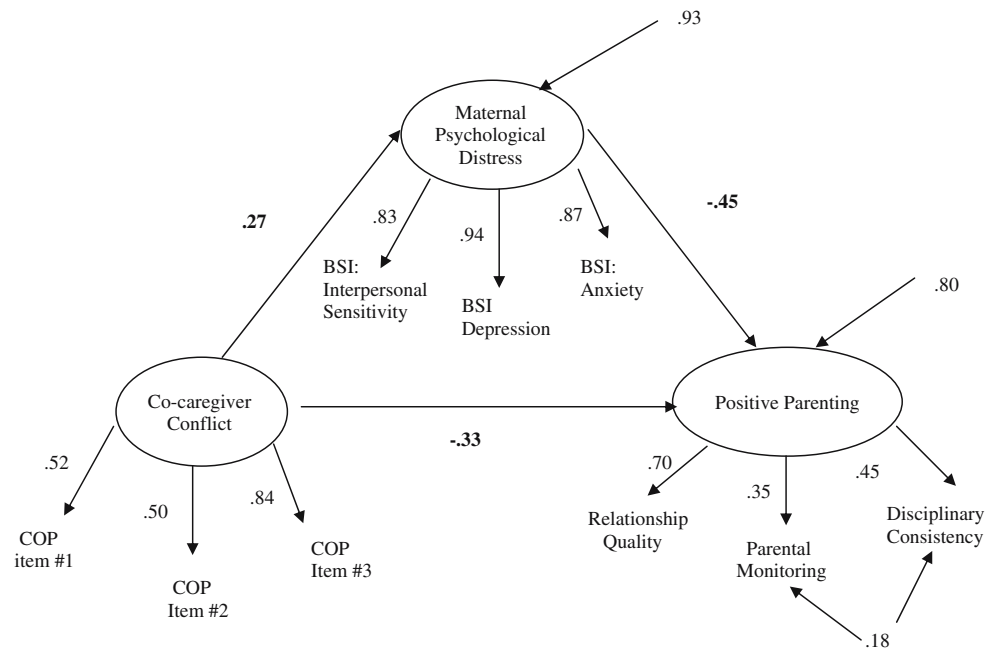
\* $p < 0.05$

\*\* $p < 0.01$

Ms = 1.48, 1.35, 33.87, 2.02, 1.038.74, 2.01, 2.32, 2.27, 0.50, 0.38, 0.43, 10.23, 53.67, 45.62

SDs = 0.50, 1.84, 6.30, 1.18, 825.66, 1.14, 1.10, 1.08, 0.64, 0.50, 0.55, 3.38, 7.35, 8.34

**Fig. 1** Results of the structural model



these indicators represent types of family management strategies and, therefore, there are substantive reasons that these two indicators would have correlated error. Freeing this parameter resulted in an excellent fit.<sup>3</sup>

*Evaluation of the Structural Model* Having determined that the measurement model fit the data as specified, the factor structures confirmed in the evaluation of the measurement model were used in the structural model analysis. Prior to testing the mediated model, the direct relationship between coparenting conflict and parenting was examined. This model had excellent fit indices ( $\chi^2(8, N=234)=9.51, p>0.05, RMSEA=0.028, CFI=0.99$ ) and coparenting conflict was significantly related to parenting ( $\gamma=-0.45, t=3.67, p<0.05$ ).

For the mediational model, paths were specified to reflect the hypotheses of the study. The results of the structural model are presented in Fig. 1. The proposed model demonstrated excellent fit:  $\chi^2(23, N=234)=13.00, p>0.05, RMSEA=0.0, CFI=1.0$  and explained 20% of the variance in the endogenous positive parenting construct. It was hypothesized that co-caregiving conflict would be related to maternal psychological distress, and that maternal psychological distress would, in turn, be negatively related to positive parenting. The results of the LISREL analysis were consistent with these hypotheses. Co-caregiving conflict was significantly related to maternal psychological distress ( $\gamma=0.27, t=3.23, p<0.05$ ), and maternal psychological distress was significantly related to positive parenting in a negative direction ( $\beta=-0.45, t=5.31, p<0.05$ ).

Co-caregiving conflict was also directly related to positive parenting in a negative direction ( $\gamma=-.33, t=3.36, p<0.05$ ), indicating that maternal psychological distress partially mediated the relation between co-caregiver conflict and positive parenting. Statistical significance of the indirect effect, via maternal psychological functioning, was confirmed by the Sobel test (test statistic: 2.75,  $p<0.01$ ; Preacher and Leonardelli 2001).

An alternative model was tested in which co-caregiving conflict was examined as a mediator of maternal psychological distress on parenting. This model did not fit the data as well as the proposed model (i.e., impact of co-caregiving conflict on parenting mediated by maternal psychological distress); however, the majority of the fit indices remained excellent:  $\chi^2(23, N=234)=20.98, p>0.05, RMSEA=0.0, CFI=1.0$ .

*Analyses with Demographic Controls* As previously mentioned, bivariate correlational analyses among demographic variables and all observed variables yielded several significant correlations (see Table 1). In order to determine if the relations among the latent variables in the structural model would be altered with the inclusion of these demographic variables (i.e., child age and gender, mother age and education, family income), the model latent constructs were treated as endogenous variables, and the demographic variables were treated as perfectly measured exogenous variables. Analyses revealed that child age negatively related to positive parenting ( $\gamma=-0.18, t=2.24$ ), mother’s age related positively to positive parenting ( $\gamma=0.17, t=2.03$ ), and mother’s education related negatively to maternal psychological distress ( $\gamma=-0.17, t=2.60$ ). However, the

<sup>3</sup> The CFA model is available from the first author, upon request.

significant paths in the structural model remained significant with the inclusion of these demographic variables, indicating that the relations between constructs in the model are supported even when control variables are included.

## Discussion

Concentrating on single-parent African American families, a population underrepresented in the coparenting conflict literature, the present study examined a mechanism potentially involved in translating conflict into less engagement in positive parenting practices: maternal psychological distress. Specifically, it was hypothesized that higher levels of conflict with a co-caregiver would be associated with increased maternal psychological distress, which, in turn, would be negatively related to positive parenting practices.

Analyses supported the proposed model, in that maternal psychological distress partially mediated the relationship between conflict with a co-caregiver and parenting practices. As such, it appears that coparenting conflict is related to engagement in positive parenting practices both directly and indirectly, and accounts for a significant portion of the variance in parenting (i.e., 20%). The direct relationship, which has been the focus of the majority of research on coparenting conflict to date, may be accounted for by a number of explanations, many of which have been presented in an attempt to explain this association in previous studies with two-parent European American families. Among these explanations, the “spillover hypothesis” has received the most support within the marital literature (Erel and Burman 1995; Krishnakumar and Buehler 2000). This hypothesis suggests that emotions and affect from the marital relationship are transferred to parent–child interactions such that in hostile or conflictual marital relationships, the parent–child relationship and interactions also may become negative in nature (Erel and Burman 1995). Also by way of explanation, Katz and Gottman (1996) have speculated that marital discord may lead parents to become increasingly focused on the conflict such that they have a “lack of ‘cognitive room’ allocated to their children” (p. 74). This preoccupation may result in less knowledge of important details of their child’s life as well as inconsistent follow through on caregiving tasks (Katz and Gottman 1996). Although the co-caregivers in the current study are not marital partners, conflict with these individuals may have affected single parent mothers, and their parenting, in similar ways.

Another potential explanation for the direct relationship comes from outside the marital conflict literature: When single mothers, whose co-caregivers are not necessarily co-residential, experience high levels of conflict, they also may experience decreased levels of co-caregiver involvement. Mothers may find that, as a result of the increasingly

conflictual nature of the co-caregiving relationship, the co-caregiver may be less willing to provide concrete, tangible parenting assistance, such as participation in monitoring or administering discipline. Conversely, mothers may also be less willing to solicit or accept parenting assistance from a co-caregiver with whom they are in conflict. Regardless, if mothers are required to shoulder a greater percentage of parenting responsibilities as a result of conflict, their ability to engage in positive parenting behaviors may be negatively affected. As the current study does not provide an opportunity to test which of the above explanations are responsible for the direct relationship, this area remains an important direction for future research.

Turning to the indirect relationship between co-caregiving conflict and parenting, which was of particular interest in the current study, the findings bolster our understanding of the impact of co-caregiving conflict for parental and familial functioning by highlighting maternal psychological distress as one mechanism that plays a significant role for African American single parent families. This area of research—investigating process-oriented mechanisms involved in the impact of conflict—has been highlighted as an important direction for the field, as has investigations with ethnic minority and nontraditionally structured families (Cummings et al. 2001). The current findings are consistent with the literature reviewed previously, in which conflict within coparenting relationships has been associated with heightened parental distress and impaired parenting abilities (e.g., Grych and Fincham 2001) as well as studies in which psychological distress functions as a ‘gateway’ through which stressful experiences relate to functioning (e.g., Dorsey and Forehand 2003, Taylor et al. 1997).

Before concluding, it is important to note limitations of the present investigation. First, although the sample provided enough cases to support the parameters estimated in the mediational model, a larger sample size would allow for more confidence in the stability of the parameter estimates. Second, the current study utilized only mother report on measured variables. Although the decision to utilize only mother report was necessary so that the interpretation of latent variables represented only content effects as opposed to confounding content and source effects, it increased the bias due to common method variance. The design would be significantly enhanced by the use of objective indicators, such as observational data regarding parenting behavior and by data on the nature of the co-caregiving relationship (e.g., role of co-caregiver in child’s upbringing; amount of time co-caregiver spends with child). Third, due to a lack of multiple indicators at the scale level for coparenting conflict, this construct was comprised of indicators at the individual item level. This resulted in differing levels of analysis across the study constructs. Fourth, the findings are based on a sample of exclusively low-income African



American single parent families, and may not generalize to families of differing socioeconomic status or ethnicity. Therefore, future research should examine the model with other samples to assess generalizability. Finally, part of our hypothesis proposes that co-caregiving conflict contributes to psychological distress. Others have tested and found support for the opposite ordering of the two constructs: specifically, the contribution of psychological distress to interpersonal conflict (Conger et al. 1992, 1994, 2002). In reality, the relationship between these two constructs is likely bi-directional as detailed in Hammen's stress generation hypothesis, and as demonstrated by the alternative model tested in this study, in which maternal psychological distress also contributes to coparenting conflict (Hammen 1991). However, for this group, the model positing maternal psychological distress as the mediator was best supported by the data.

Strengths of the study also merit attention. First, it is one of few investigations to date that has examined coparenting or co-caregiver conflict in single parent, ethnic minority families. African American families are underrepresented in the family literature in general, but particularly in the area of coparenting conflict (McLoyd et al. 2001). Second, although previous research has consistently documented the negative effects of conflict between parents for married and divorced families, few studies have focused on conflict with co-caregivers in family structures outside the domain of two-parent, co-residential or divorced families (Krishnakumar and Buehler 2000). Third, the current study moves beyond an examination of the direct relation between coparenting conflict and positive parenting and investigates a mediator, maternal psychological distress, of coparenting conflict. Finally, the use of data at two points in time and the utilization of structural equation modeling techniques offer advantages over the cross-sectional data and traditional multivariate statistical methods frequently utilized (Tomarken and Baker 2003).

The current findings indicate that conflict with co-caregivers is associated directly and indirectly, through psychological distress, with parenting practices. These findings have implications for both assessment and intervention in that both coparenting conflict and psychological distress should be assessed when deficits in positive parenting skills exist. Furthermore, if high levels of conflict and/or distress are detected, intervention modules that address one or, if needed, both of these areas should be implemented along with parent management training to improve parenting practices (McMahon and Forehand 2003). Of particular importance, the current findings suggest that almost all African American single mothers identify a co-caregiver, and suggest that conflict with that individual is related both to a mother's own distress and to her parenting. As a consequence, when clinical interven-

tions for parenting deficits are undertaken with single African American mothers, assessment and intervention should be broadened in scope to include co-caregivers.

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